

No.

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**In the  
Supreme Court of the United States**

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DANIEL HAMPTON,  
*Petitioner,*

v.

DENIS RICHARD MCDONOUGH,

in his official capacity as  
Secretary of the United  
States Department of Veterans Affairs,  
*Respondent.*

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***On Petition for Writ of Certiorari  
to the United States Court of  
Appeals for the Second Circuit***

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**MOTION TO PROCEED INFORMA PAUPERIS**

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KISSINGER N. SIBANDA  
*Counsel of Record*  
The Law Office of Kissinger N. Sibanda, PLLC  
P.O. Box 714  
Livingston, N.J, 07039  
(862)250-9684  
ksibanda@temple.edu  
  
*Counsel for Petitioner*

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## **MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

Pursuant to the Court's Local Rule 27.1 the Petitioner, DANIEL HAMPTON, by and through his attorney, Kissinger N. Sibanda, respectfully requests that the Court grant him leave to proceed in forma pauperis. In support of this Motion, the Petitioner avers that:

### **I.**

Petitioner is unable to afford the filing fee of \$605 because he has limited resources. See, attached affidavit. Exhibit: 1. Mr. Hampton is disabled and has family responsibilities. *Id.* In addition, his underlying lawsuit ended in a jury trial in the Eastern District of New York; after surviving summary judgment. It was deemed meritorious.

### **II.**

Petitioner has a meritorious case that potentially could redefine whether ...is jurisdictional or claims processing: a Circuit split regarding Federal Rule of Appellate Procedure 4(a)(4)(A)(vi). Accordingly, Hampton's *writ* goes beyond his own case and is in the interest of justice affecting whether Circuits can handle claims or not. *Id.*

### **III.**

WHEREFORE, the petitioner, DANIEL HAMPTON by and through undersigned counsel, respectfully requests that he be allowed to proceed *informa pauperis* without payment of filing fees or service of notice fees, and

for such other relief as the Court deems just and proper. He attaches Exhibit:  
1, in his support.

Respectfully submitted this 15th day of November 2024.

Respectfully Submitted:

The Law Office of Kissinger N. Sibanda, PLLC  
P.O. Box 714  
Livingston, N.J, 07039  
Tel: (862)250-9684  
ksibanda@temple.edu

**ORDER**  
**REGARDING MOTION TO PROCEED**  
**IN FORMA PAUPERIS**  
**ON WRIT OF CERTIORARI**

The court has considered the appellant's motion to proceed in forma pauperis  
on *writ*:

IT IS ORDERED that the motion be \_\_\_\_\_.

Washington DC, this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_

JUSTICE

**In the  
Supreme Court of the United States**

No. 24 -

**CERTIFICATE OF SERVICE**

DANIEL HAMPTON,

*Petitioner,*

v.

DENIS RICHARD MCDONOUGH,

in his official capacity as  
Secretary of the United  
States Department of Veterans Affairs,

*Respondent.*

As required by Supreme Court Rule 29.5, I certify that three copies of the motion to *proceed informā pauperis*, was served on MEGAN FRIESMUTH. It was received by its agent and directed to Attorney of Record:

**MEGAN FRIESMUTH**

Assistant U.S. Attorney  
U.S. Attorney's Office

I declare under penalty of perjury that the foregoing is true and correct and that I am a member of the Supreme Court bar.

Executed on, Tuesday October 15th, 2024.

/s/Kissinger N. Sibanda

DR. KISSINGER N. SIBANDA  
ATTORNEY FOR PETITIONER  
PO BOX 714  
LIVINGSTON, NJ 07039  
Tel. 862-250-9684

No. \_\_\_\_\_

\_\_\_\_\_  
IN THE  
SUPREME COURT OF THE UNITED STATES  
\_\_\_\_\_

Daniel Hampton — PETITIONER  
(Your Name)

VS.

\_\_\_\_\_ — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☐ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):  
\_\_\_\_\_  
\_\_\_\_\_

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

D Hampton

(Signature)

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Daniel Hampton, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>6,600</u>	\$ <u>0</u>	\$ <u>2,200</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify):	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly income:</b>	\$ <u>0</u>	\$ <u>6,600</u>	\$ <u>0</u>	\$ <u>2,200</u>



2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Northwell health	Mem St Bay Shore NY 11706	12/2016 - 2/23	\$ 3,000
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Natorday	Cocorp Center Dr Melville NY 11747	5/2021 - 12/2023	\$ 2,200
			\$
			\$

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking	\$ 30.00	\$ 8.00
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☒ Home  
Value 447,000

☐ Other real estate  
Value \_\_\_\_\_

☒ Motor Vehicle #1  
Year, make & model 17 Nissan Pathfinder  
Value 13,500

☐ Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

☐ Other assets  
Description \_\_\_\_\_  
Value \_\_\_\_\_



6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>M. H.</u>	<u>Son</u>	<u>10</u>
<u>L. H.</u>	<u>Daughter</u>	<u>2</u>
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1,100</u>	\$ <u>1,100</u>
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>300</u>	\$ <u>300</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>250</u>	\$ <u>250</u>
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ <u>30</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>40</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>110</u>	\$ <u>110</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card(s)	\$ <u>0</u>	\$ <u>0</u>
Department store(s)	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
<b>Total monthly expenses:</b>	\$ <u>1,830</u>	\$ <u>1,760</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes

☒ No

If yes, how much? \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

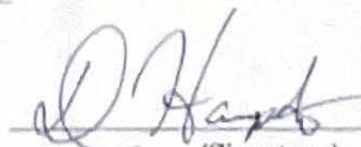
I am out of work due to surgery in May 2023. from an injury in ~~2021~~ May 2021. I have been told by my dr I cannot return to work + have applied for total disability

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_

September 16<sup>th</sup>

2024

  
(Signature)